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SUBMUCOUS INJECTION AS A CURE FOR THE TOOTHACHE
OF PREGNANCY.

BY HORATIO R. STORER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

In a paper read before the Society for Medical Observation in February last,* it was suggested that in certain obstetric cases, otherwise incurable, permanent relief might be had by a modification of the simple and easy process of Alexander Wood. As the remarks referred to were but incidentally made, in connection with a case illustrative of criminal abortion, and as the proposal itself seems to have been new to the profession, it may be worth repeating in more distinct form, and at greater length.

"Pains in the teeth," says Montgomery, "are with some the invariable accompaniment of pregnancy."† "Their effects upon the comfort and well being of the patient are often very distressing."‡ "After all our endeavors, we shall find ourselves in many instances unsuccessful," "and if not relieved, abortion may result."§

Not to enumerate the long list of remedies that have hitherto been advised for the malady, it is only necessary to state that in certain obstinate cases they are all found unavailing, and that general practice and many writers have been in favor of proceeding to the extraction of a tooth; if which fail, some have been rash enough to counsel the deliberate induction of abortion. These acts, however, must be pronounced unjustifiable, both on moral and legal grounds, which I have elsewhere adverted to.||

The toothache of pregnancy, as such, is not dependent upon caries, and if for scientific reasons alone it should not be submitted to the usual treatment. Decay may undoubtedly exist, and in pregnancy caries of the teeth often does progress much more ra-

* American Journal of the Medical Sciences, April, 1859, p. 314; copied by Atlanta Medical and Surgical Journal, &c.

† Signs and Symptoms of Pregnancy, 2d edit., p. 283.

‡ Churchill, Diseases of Females, p. 338.

§ Ibid., pp. 339, 340; Campbell, Midwifery, p. 519; Capuron, Mal. des Femmes, p. 357.

|| North American Med.-Chir. Review, May, 1859, p. 459; July, 1859, p. 657.

pidly than at other times, but the affection we are now considering being purely sympathetic and reflex in its nature, dependent directly upon the uterine irritation, can seldom be relieved by the extraction of the tooth, whether this be sound or impaired.

Burns, Blundell and others acknowledge that extraction of a tooth during pregnancy may be immediately followed by abortion—a consequence that might readily be expected from so profound an impression upon a nerve just then in unnatural and excessive sympathy with the uterus; in much the same manner as abortion sometimes occurs in consequence of intentional excitation of the mammae, whose system of nerves is now allowed to be in intimate connection with the uterine. Be this as it may, however, from the fact of the occurrence and its risk—that abortion may ensue and frequently has ensued directly in consequence of the extraction of a tooth during pregnancy—we are compelled to assert that this very unscientific operation should always be avoided. To the argument that the pain, if unrelieved, might of itself occasion miscarriage, we should answer, even if we had no alternative to propose, that at times this neuralgic pain has suddenly and spontaneously ceased without interference, and that at others, however severely abortion may have threatened, it yet has not occurred.

But if the extraction of a tooth is to be reprehended in such cases, much more is the intentional extraction of the fœtus. The growth and moral tone of society, and the best interests of the profession, have already suffered too much at the hands of rash and meddlesome practitioners, who have thus abetted, however unintentionally, the spread of criminal abortion. We are plain in our statement, but unhesitating, for we believe that in much of the treatment of the nervous complications of pregnancy, whether evidenced by vomiting, convulsions, mania or simply toothache, there is oftentimes on the part of the attendant a carelessness resulting in direct intra-uterine murder—and that by the influence of such example upon the moral sense of the community, the frequency of the intentional crime is increased. The remark we have now made applies with equal force to much also of the usual treatment of difficult childbirth—to recklessness, by what authorities and however defended, in the use of the crotchet, the plug and of ergot.

In considering the real character and cause of the toothache of pregnancy, it occurred to my mind that the operation which has of late been found so effectual in removing neuralgic pains from other portions of the body, would probably prove equally valuable when applied to the gums, and in practice I have found it perfectly successful for this purpose.

CASE.—A. Z., aged 22, applied to me for treatment early in May last. Patient had suffered for several weeks from severe neuralgic pain throughout the left half of the upper jaw, at times lancinating in its character, at others more dull, but never wholly

absent. The general health was decidedly affected, as evidenced by the state of the circulatory, digestive and nervous systems. The teeth, on inspection, were all sound; there was no heat or swelling of the gums, no tenderness or increase of pain on pressing them.

Anodynes, both local and general, refrigerants, emollient poultices and counter-irritants were successively resorted to, without benefit. After much solicitation, a tooth was extracted; the patient remained unrelieved. On the following day, no change for the better having occurred, ten drops of the Edinburgh solution of the bi-meconate of morphia were injected beneath the mucous membrane of the gum; the pain ceased instantaneously, and from that moment to the present, a period of nearly five months, there has been no return of the malady.

Should the operation prove insufficient entirely to arrest the pain, I should advise a direct attempt upon the organ causing the disturbance, by local applications to the cervix uteri. These do not seem to have been resorted to for this special purpose, but from the tincture of iodine we might expect the same benefit as in the vomiting of pregnancy; cases of which have lately been reported in this JOURNAL by Dr. Miller, of Dorchester, the treatment referred to not being original with himself. Too much caution, however, cannot be used in meddling with the uterus during pregnancy; the employment of the speculum, often enough to be condemned at other times, usually becomes here doubly unjustifiable.

I am not aware that any writer has hitherto proposed to prevent, by submucous injection, the extraction of teeth during pregnancy—and thereby to prevent abortion, resulting either from that operation or from the neuralgic pain; not even does the induction of mere local anæsthesia, by any of the numberless modes attempted, seem to have been thought of for this special purpose. Nor do I know that submucous injection had ever been made use of previously to the case I have related, for the cure of dental neuralgia. It was the opinion of a friend, Dr. Page, at the meeting of the Society to which the subject was originally presented, that upon this point I was in error; but the gentleman has subsequently informed me that the application in the cases to which he alluded, in the practice of a distinguished dentist, was of anodynes externally, to the surface of the gum. Apparently the only instances as yet recorded of the injection of opiates into the substance of the gum, are by a dentist of Edinburgh, Mr. Smith;* and the operation with him was for the purpose of producing temporary local anæsthesia during the extraction of teeth, not for the purpose of preventing their extraction by the cure of neuralgia.

By the copying of a large portion of my former paper into a

* *Edinburgh Medical Journal*, November, 1858, p. 424.

leading journal of American dentistry,* an unexpected opportunity has been given of impressing upon dentists the heavy responsibilities, hitherto generally unacknowledged by them, that attach to the extraction of teeth from pregnant women; and I cannot but hope that the views expressed may thus be made productive of decided and extensive good.

Blue Hill, Milton, September, 1859.

REMARKS ON INTERMITTENT FEVER, AND ITS TREATMENT,
WITH SUGGESTIONS IN REFERENCE TO THE USE
OF QUININE.

[Communicated for the Boston Medical and Surgical Journal.]

BY EDWARD JENNER COKE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,
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FOR many months, and to the present time, Sept. 22, 1859, of the various diseases brought into Wards 32 and 33 of the Charity Hospital, under my charge, intermittent fever has been the most frequent. While a few of these were of recent origin, presenting the ordinary well-known symptoms, the majority were variously complicated, resulting from the frequency and duration of the attack, or occasionally, as it appeared to me, from an injudicious course of treatment, not in all cases had recourse to, by the sick, on their own responsibility. Almost invariably the liver was found to be functionally deranged, and, *en passant*, it may be stated that observation has convinced me that of all the important organs of the body, the liver is the most frequently implicated in a great number of diseases, and exerts a most powerful influence in almost all. The spleen was often affected, to a greater or less extent, and dysentery or diarrhœa was not an unfrequent attendant. With few exceptions, the alimentary canal was in an unhealthy state, as evinced by nausea, or vomiting, a furred tongue, a bitter taste in the mouth, loss of appetite, headache, and constipation frequently.

Within the last fifteen years, it appears to me that intermittent fever has become more common among our resident population, than had been previously observed, although then, as now, the greater number come from other States. To my mind, sufficient evidence has been presented to induce the belief that the prominent cause of the frequent and often severe complications, as also the oft complained of difficulty of preventing the frequency of a relapse, may not unjustly be attributed to the unbounded faith reposed in the alleged specific curative power of quinine, to the almost total exclusion of a required preparatory treatment, or the conjoined aid of other remedies. As an anti-periodic, the claims of quinine are universally recognized, and acted on; by some it is regarded, even in small doses, as one of the best tonics, in which

* Dental Cosmos (new series of Dental News-Letter), August, 1859, p. 53.

opinion, judging from no limited experience at the bedside, I am not disposed, in all respects, to coincide.

Disclaiming the intention of disparaging, in any way, the real curative powers possessed by this valuable remedial agent, I am induced to believe that, as a general tonic, to invigorate the entire system, more especially in certain stages of many febrile diseases, it is not equal to the old infusion of the best red bark and Virginia snakeroot, quassia, gentian, &c., when well prepared. Satisfied of the intrinsic curative power of quinine, and also of the aforesaid infusion, both of which are in daily use in my wards, I cannot but regard them as possessed of different powers, if not modes of action, and that they are not equally applicable or beneficial, as remedial agents, in all cases, or at all times. Questioning all admitted into my wards with intermittent fever, as to the remedies previously employed, it was generally found that quinine had been almost exclusively relied on; and judging from the existing symptoms, the correctness of the above conclusion is submitted for practical consideration. Let it not, however, be inferred from such an opinion, that quinine, *per se*, is not fully appreciated, for of that I am certain; the fact, however, should not be overlooked, that, in common with all of our most active and valuable remedies, quinine is powerful for evil, no less than for good, and this, it is presumed, will not be questioned. In proof, however, of my estimation of quinine as a curative agent, reference to my recently published remarks on the Treatment of Yellow Fever, during the severe epidemic of 1858, will show, that while disapproving of the use of the once popular large dose of quinine, or any preparation of opium, at the very commencement of an attack of yellow fever, for the avowed object of cutting short the fever, and thereby arresting the progress of the disease, an idea—if I have correctly watched the different stages of yellow fever—vain and absolutely impracticable, the supposition was at the same time entertained, that at some stage of this fever, the use of quinine would eventually be advantageously resorted to, as a remedial agent, for the more successful management of some of the symptoms. This supposition became at last a fact, and at page 86 of those remarks the following language will be found. "To sum up the effects resulting from the step-by-step process of finding out and using this preparation—alluding to quinine, morphia and chlorine—in conjunction with the chlorate of potash and bicarbonate of soda recipe, let the following fact be stated, that, of the eleven patients last brought into my wards, one, in a hopeless condition, died, while the remaining ten were discharged cured." Such an occurrence, or anything approximating to it, certainly had not been observed during the preceding period of the epidemic, nor do I believe that, in hospital practice, similar success has ever been recorded. Indeed, in private practice, under the most favorable circumstances, equal effects are not always noticed. Satisfied that

this fact resulted exclusively from the introduction of quinine and morphia, &c., as fully laid down, I have no hesitation in remarking that, in the medical journals of New Orleans, it was deserving of notice, and would have obviated the remark made by one of the editors, that he had no doubt that quinine would in some way be a valuable adjunct to these remedies, but, to use his own words, "I will not direct it at present." Note, that this suggestion emanated from one who in past epidemics had strenuously insisted on the propriety and safety of large doses of quinine in the commencement of yellow fever, a practice which I opposed then, and I have thus far seen no reason to change my views. From this apparent digression, excusable from the importance of the subject, I resume that equally important one, the treatment of intermittent fever; but fearful of trespassing, at one time, too much on your pages, the conclusion will shortly follow for an ensuing number.

HYGIENIC TREATMENT OF GLUCOSURIA.

[Translated for the Boston Med. and Surg. Journal, from the *Union Médicale and Clinique Européenne*.]

It is well known that M. Bouchardat attaches great importance to hygienic treatment in diabetes. He wisely recommends that medicines should not be given until after a long and thorough perseverance in the course of alimentation, exercise, clothing, &c., which he prescribes. Although M. Bouchardat's advice in this respect forms the subject of several works which are probably known to all our readers, we have thought it of advantage to recapitulate the principal points, which we find in a paper recently published by him.

Alimentation.—The first rule to be observed in the alimentation of a patient with glucosuria, is abstinence from feculent substances, or at least, a considerable diminution in the quantity taken; which forms the basis of the treatment. The following list comprises the most common articles of this kind, which ought to be proscribed: common bread, made either of wheat, rye or barley, &c.; pastry; rice, Indian corn and other grains; radishes, potatoes, the *feculæ* made from them and from arrow-root, and other nutritious *feculæ*; the farinaceous pastes of all kinds, such as vermicelli, semoule, macaroni, &c.; the leguminous seeds, as beans, peas and lentils; chestnuts; buckwheat; preserves and other sweet substances and drinks. The exclusion of sweetened articles from the diet should be more rigorous and longer continued than than of feculent substances. The use of milk is unfavorable.

The substances which may be allowed are very numerous; I will enumerate the principal ones. Meat, of every description, may be recommended, either broiled, boiled, or roasted, or cooked in any other way, with such seasoning as may stimulate the appetite, provided that flour does not enter into the composition of

the dish. Liver and jelly should be avoided. Fresh and salt water fish offer an agreeable resource for the table of the diabetic patient. Other articles of animal food, such as oysters, muscles, snails, turtle, lobsters, shrimps, frogs, &c., may be eaten daily with much advantage. Eggs, under all the various forms which the culinary art has invented, are of great utility. I have said that milk was ill-suited to diabetic patients; but fresh, sweet cream is of great service to them. Cheese, of all kinds, may be advantageously prescribed.

The number of vegetables which may be allowed, is tolerably numerous, but it must be observed that fat substances (butter, oil, lard) must be more largely employed than common in their preparation, and that, in sauces, the yolks of eggs and cream should be substituted for flour, which is inadmissible. Under all circumstances, the vegetables should be well selected. Mushrooms and truffles are advantageous. We may occasionally allow, but always in very moderate quantities, the following fruits: apples, pears, cherries, raspberries, strawberries, pine-apples; but invariably without sugar, and only when the urine is free from sugar. I have found strawberries and peaches, among the fruits, to be most beneficial. I proscribe absolutely grapes.

Before speaking of nourishing drinks, there remains a question of great importance, that of a substitute for bread. The deprivation of bread and *seculæ* is keenly felt by patients, and unless some means is found of satisfying the desire for those articles, few will resist such an incessant temptation. During the seventeen years that I have employed bread made from gluten, it has maintained its character for usefulness, and has been a most convenient adjuvant in a great number of cases of glucosuria. There are some who expected to find in this bread the only remedy for this disease, but I have never had any such idea. I have simply endeavored to find a substitute for bread which should be free from its objectionable qualities, and I think I have attained this end. Some diabetic patients easily bear the abstinence from bread and *seculæ*, and for them the bread from gluten is useless, but the number of these is very small. For such patients, some sort of pastry, once or twice in the twenty-four hours, may supply the place of bread. Others, in whom the disease is not severe, find that simply by diminishing the amount of *seculæ* taken, or by taking a course of alkaline medicines, or by vigorous exercise, the urine returns to a normal state; these also do not require the bread from gluten. But these cases are by far the least grave, and the least common.

Drinks.—Wine plays an important part in the treatment of glucosuria, and I am firmly convinced that I have rendered to my patients as good service by substituting alcoholic drinks in place of *seculæ*, as in demonstrating the necessity of abstinence from the latter, when they are not required by the economy. I prefer especially the red wines of Burgundy and Bordeaux; but all the red

wines which are astringent rather than acid or sweet, will answer. As to quantity, unless there be some counter-indication, I allow not less than two pints in twenty-four hours, which quantity may sometimes be advantageously increased for vigorous men who waste a good deal by labor or constant exercise. Beer is unfavorable, as is explained by the dextrine which it contains. I prohibit sweet liquors, though I willingly allow a small glass of rum, brandy or kirsh, with the principal meal. Coffee is favorable to almost all patients with glucosuria. Unless counter-indicated, I prescribe at least one cup after the principal repast. It should be taken without sugar, but a little rum, brandy or cream may be added. Many patients take two or three cups daily. Wine-and-water makes the best *ptisan* in this disease, in my opinion. Sometimes it is well to take an infusion of hop, or other bitter. In all cases, I recommend to glucosuric patients to drink with great moderation. Pure Bordeaux wine, if they adhere to the regimen, best assuages their thirst. Drinks containing no alcohol, and lemonade, which patients demand with avidity, are very prejudicial. They are no better than pure water for quenching the thirst, and they partially neutralize the free alkali of the blood, which, as M. Chevreul has long since proved, interferes with the rapid destruction of the combustible alimentary material constantly introduced into the circulation by the digestive process. Hence I prohibit them absolutely. M. Mialhe has also justly insisted on the injurious effects of acids, in glucosuria. Diabetic patients should endeavor to drink moderately, each time. Large quantities of liquid taken suddenly might help to keep up the abnormal secretion of the stomach, which I have elsewhere alluded to. I also advise them to eat with moderation at each meal, for two reasons: first, that they may avoid indigestion, which is much more unfavorable to them than to other patients; and secondly, to favor the return of the stomach to its normal dimensions. For this object we may also try the employment of a moderately tight flannel bandage over the stomach.

Clothing.—I have shown that cold is pernicious to diabetic patients. Good flannel clothing is the best preservative against attacks of cold, and is of great service in this disease, by keeping up the functions of the skin, which it is so important to maintain in a state of activity. Hence I always prescribe flannel clothing from head to foot, of sufficient thickness to maintain a gentle moisture of the skin.

Exercise.—Patients who have for some time been affected with glucosuria, experience habitual lassitude, a feeling of weakness, sometimes accompanied by pain in the thighs, legs and joints, which is increased by the least exertion, or even motion. Hence it is difficult to make them take exercise; but as soon as their strength begins to return, in consequence of a suitable regimen, they ought to try to exercise. Walking, manual labor, or gymnastic exercise,

are of unquestionable utility. This exercise should be progressive; if undertaken too soon, it induces pain and fatigue, which are always injurious; if neglected, it retards the complete reestablishment of the strength, and consequently the cure.

Sea-bathing and Hydrotherapy.—I have elsewhere said, speaking of cold baths, sea-bathing, and hydrotherapy, "River-bathing, when aided by the exercise of swimming, is useful, but the efficacy of sea-bathing, when it is well borne, is more constant, and greater. In order to effect diaphoresis, in difficult cases, I have sometimes employed hydrotherapy, but a constant supervision must be exercised over patients in the application of this method, which, if carelessly employed, might cause serious accidents; but which, wisely directed, and aided by a prudent regimen, has afforded me, and may afford others, excellent results."

Of course, the regimen should be discontinued gradually, and not until the sugar has disappeared from the urine. It is then advisable to increase the quality and quantity of combustible aliments. Good Normandy butter in sufficient quantity with each meal, and three or four tablespoonfuls of cod-liver oil, are aliments upon the employment of which I always insist, during the use of sea-bathing or of hydrotherapy. More caloric is expended, and in order that the resources of the economy should not be overtaxed, the supply, by means of a calorifying diet, must at least equal the loss. In fine, the indications and counter-indications of hydrotherapy and sea-bathing in glucosuria may thus be stated: When the sugar disappears in the urine, or diminishes, when the feculæ can be more largely assimilated, and when there is a daily gain of strength, hydrotherapy and sea-bathing constitute, with exercise, one of the most efficacious means to be employed in glucosuria. When, on the other hand, the sugar increases, and the strength diminishes under these influences, the system being unable to contend against them, these measures increase the difficulty by subtracting caloric from the system, which consequently fails. The remedy is therefore a new evil superadded to that which already existed.

VEGETATIONS OF THE GENITAL ORGANS—CHROMIC ACID.

[Translated from the *Gazette Hebdomadaire* for the Boston Med. and Surg. Journal.]

BY O. D. PALMER, M.D., ZELIENOPLE, PA.

CASE.—C., 23 years of age, of a good constitution, never having been diseased, became pregnant for the first time toward the end of October, 1856. About the same time she was taken with an abundant blennorrhagic discharge. Having arrived at the fourth month of gestation, she experienced a sense of heat and suffering in the genital organs. This painful sensation was produced by the presence of numerous prominences in the vagina, which

had replaced the very copious and extremely fœtid purulent discharge. Careful cleanliness, injections, and baths, procured no ease. Two months passed, during which the disease was making rapid progress.

C. presented herself at the hospital, where she was admitted on the 30th of April, in the sixth month of her pregnancy. It was ascertained that over the labia majora and minora, the vaginal canal, and even the cervix uteri, was a growth of excrescences of considerable size, and in great number. The most voluminous, as large as the fist, projected outside of the vagina. Of these vegetations some were with pedicles, others were sessile; their tints were reddish, their appearance vascular. They were for the most part divided and subdivided, forming ramifications, which in their aspect offered some analogy to the corymb of the millifolium. In the vagina these excrescences had acquired such dimensions, such a development, as to fill all the cavity, and not to permit, without the greatest difficulty, the introduction of the speculum.

In searching for the cause of these vegetations, it was impossible to recognize for them a syphilitic origin. The woman had never had chancres. An attentive examination of the genital parts did not discover any ulceration. There existed no engorgement of the inguinal or sub-occipital glands, no squamous eruption.

In such a state of things we could not but foresee great difficulty at the time of accouchement. It was, then, very important to find means to destroy this obstacle. For this end, M. Rousset applied, first, crayons of nitrate of silver, then the nitric oxide of mercury. This last means, continued during twenty-five days, with much care, caused very smart pain. Like the preceding, it was not followed by any advantageous effects. Tincture of iodine had no good result.

On the 6th of July, after all these failures, Prof. Rousset had recourse to the use of *chromic acid*. He made application of a solution prepared as follows: R. Chromic acid, 1 part; aquæ distil., 3 parts. By the employment of a pencil, each excrescence was separately washed with this liquid, having care not to touch the mucous membrane that surrounded it. The patient experienced immediately, in the part touched by the solution, a sensation of smarting and pain, which was calmed again directly. Redness was manifested, a little swelling, in short a slight inflammation, which was terminated by the formation of pus. Some few washings with Goulard's water, and the use of dry lint, constituted the whole treatment. In proportion as suppuration was established, the excrescences were detached, disappearing, and leaving in their place a reddish surface, in some points excoriated, in others ulcerated, very superficially. The cicatrization was regularly and uniformly established.

July 20th, the cure was complete; the cervix uteri, the labia majora and minora, and the vagina, were entirely freed from these

adventitious productions, and offered an aspect which was altogether normal.

On the 26th, accouchement took place without any accident. The child, of the masculine gender, was perfectly formed, and afforded no traces on its body that could cause the mother to be suspected of any affection of a specific nature.

The chromic acid has been extolled, these few years past, as a caustic, both by Dr. Keller, of Germany, and by Dr. Marshall, of London, for destroying vegetations developed on the genital parts. Dr. Marshall uses the acid in solution. Dr. Keller applies it in the form of paste. Whatever process is adopted, this caustic is easily managed; its action is at the same time very rapid, little painful, and thorough. We have a right to conclude, then, from this case, that in these excrescences the chromic acid is a powerful caustic, and preferable to others that have been hitherto employed.

—CAUSSADE, of the School of Bordeaux.

CASES OF SUPPRESSION OF URINE.

BY JAMES ALEXANDER, ESQ., SURGEON, WOOLER.

THE pathology of the disease, described by our older writers under the name of ischuria renalis, is little known, and the disease itself is a very rare one. Dr. Abercrombie treats of suppression of urine as resulting sometimes from disease of the kidney itself; sometimes from disease, generally inflammatory, of some adjacent organ; and only very occasionally as proceeding from some unknown cause affecting the nerves of the organ, and leaving few or no morbid traces after death. The same view, substantially, is taken by recent systematic writers; with a strong inclination, perhaps, to refer all, or almost all, cases of suppression to some stage or modification of granular disease of the kidney. I cannot pretend to throw any light on the intimate nature of the disease; nor have I the means of going into the literature of it. But, perhaps, the two following cases, which occurred to me very recently, may possess sufficient interest to deserve being recorded in the *Edinburgh Medical Journal*.—

On the 13th February last, I was requested to visit a shepherd lad, aged 16, residing about seven miles from Wooler, who appeared to be laboring under the symptoms of ordinary continued fever, which his friends imagined had been brought on by cold and exposure to wet. He had been ill about ten days. His pulse was about 100; his tongue loaded, and his throat slightly inflamed and painful; he complained of headache, but had little delirium; there was a good deal of restlessness, and his urine was scanty and high-colored; there was no cutaneous eruption. He was ordered some mild aperient, his diet carefully regulated, and, as his pulse was weak, a small quantity of wine was directed to be taken at intervals. On the 15th, the symptoms were nearly the same,

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but the quantity of urine was very much diminished; on the 16th, totally suppressed; and, about midnight of the 17th, he died, just a few minutes before I entered the house. Before his death there was partial stupor, but no profound coma, and slight irregular movements of the muscles of the face and eyes, but no general convulsions.

Five weeks afterward, I was sent for to see a younger brother, who was reported to be ill of the same disease of which the first brother had died. I learnt that, in the interval between the death of the elder brother and the seizure of the one I was now visiting, a sister had been ill, as the people supposed, of the same disease, but had passed through it so mildly that no medical advice had been sought for her. My present patient exhibited similar symptoms to those presented by his brother; he had been ill seven days; there was headache, slight sore throat, great general uneasiness, and already the same noticeable diminution in the quantity of water voided was beginning to manifest itself; there were also some spots on the abdomen resembling the eruption of typhoid fever; but, as the youth was liable to an anomalous rash in the spring months, I would not lay much stress on that symptom. The following day the pulse had fallen to 70, and become much weaker, and the urine was totally suppressed; there was no delirium and no coma, no pain in the back, nor the slightest tenderness over the abdomen. Free leeching to the region of the kidneys was had recourse to, and repeated thrice in the course of the next three days; the back was rubbed with a strong turpentine liniment; and the bowels opened by compound powder of jalap. After the first application of the leeches, a small quantity of water was secreted, but no change took place in the strength or frequency of the pulse; but gradually, under the use of the remedies mentioned, the pulse began to rise, the urine became more abundant, and the symptoms of affection of the brain gradually subsided, and in a week's time all the symptoms of the urinary affection had ceased. The symptoms of general feverish action ran on for a few days longer; but, in twenty days from the date of the first shivering, the boy was convalescent, and continues to this time in good health.

It must be acknowledged, that it is at least a singular coincidence, the occurrence of two consecutive cases in one family of symptoms so unusual as those I have detailed. The progress of the case last detailed, and the occurrence of the girl's case between those of the two brothers, renders it probable that I am correct in considering these as originally cases of ordinary fever; and if so, the urinary symptoms form a complication certainly not usual and not altogether without interest. I have seen, in the course of my practice, besides suppression more or less complete from evident inflammatory affection of the kidneys or adjacent organs, one or two cases of what I believe was genuine ischuria

renalis, as described by our older writers; and with a very brief notice of these I shall conclude this paper. My first case occurred in a young man, 22 years old, of unusually dark complexion, and developed itself suddenly. The cessation of the urinary secretion was total in sixteen hours after the accession of the disease, and could be ascribed to no probable external cause. The pulse was slow (under 60), and there was some degree of giddiness and somnolence almost from the beginning; otherwise the general health was not materially affected. The lad was bled to ten ounces from the arm; leeches were applied to the back; the warm bath was used; and turpentine liniments rubbed on the region of the kidneys, the bowels being sharply acted on by calomel, followed by large doses of cream of tartar. Under this treatment, at the end of sixty hours, a small quantity of urine was passed, which gradually increased, and, in little more than a week's time, he had nearly regained his ordinary state of health; nor was the secretion of urine ever subsequently interrupted. Another case occurred in a boy, who had passed through an exceedingly severe and prolonged attack of croup, which had been treated in the usual way, by bleeding, calomel, and antimonials. After having coughed up considerable portions of false membrane, some fragments of which were distinctly tubular, he had seemed, in about nine days, satisfactorily convalescent, the breathing perfectly free, the pulse natural, and all the symptoms of the disease completely gone. The tenth day from his seizure, I was summoned to visit him in haste, and informed that he had made no water for nearly twenty-four hours. To guard against the possibility of mistake, I passed a catheter into the bladder, a precaution which, I forgot to say, I adopted in all the cases I have related, with the result of finding, as I did in all the rest, the organ quite empty. He was treated in a similar manner to the last-mentioned case, but without any benefit, and on the third day he died comatose, not very profoundly so, however, death being preceded, as in the first of the above cases, by slight twitchings of the facial muscles and distortion of the eyes, but not by any convulsive movements of the limbs or body. About a week after the death of this last-mentioned patient, I was requested to visit a boy aged 10, who had not made water for nearly twenty-four hours; the boy was moving about, nor was there the slightest symptom of indisposition discoverable upon examination. His pulse was natural, his tongue clean, his skin cool, his appetite good. His mother had discovered that he made no water while he was in her sight, and upon questioning him he affirmed that he had made none at all, and as his friends lived in the immediate neighborhood of the youth who had died after croup, they took the alarm and sent for me without delay. Leeches, purgatives and other remedies were employed pretty actively, but without the slightest effect in restoring the secretion; the second and third day passed and no water came, still the boy

gave no signs of indisposition, and except an occasional warm bath, and attention to the state of the bowels, little or no further treatment was had recourse to. And thus the boy went on for *four weeks*, without voiding during the whole time *one ounce of water*, without any noticeable inconvenience, and without, as far as I could see, any vicarious discharge. There was no urinary smell, either in the *fæces* or in the sweat, which was little if at all increased. At the end of a month the urine began to be again secreted, and gradually increased in quantity till it reached its ordinary amount, the first portions that were voided producing a good deal of smarting and pain in the urethra, which, however, subsided by degrees. It was, of course, impossible for me to have this boy so constantly under my own eye, as to be able to state from my own personal observation that no urine passed; but his mother was both an intelligent and respectable person, every precaution was taken to prevent mistakes on the boy's part, and no conceivable motive existed for deception on the part of either him or his mother. I have, therefore, myself no doubt whatever of the fact I have stated. Both this case and the two immediately preceding it were communicated at the time to the Border Medical Society; so, although the cases occurred many years ago, I am quite confident of the accuracy of the facts I have detailed. And I hope they may be deemed sufficiently interesting to deserve a place in a more permanent record.—*Edinburgh Med. Journal.*

REMARKABLE CASE OF ADIPOCERE.

At a meeting of the New York Pathological Society, held Sept. 14th, Dr. DALTON presented a body which had undergone complete transformation into adipocere. As far as could be ascertained, the body was buried in 1832. It was found in a cemetery, or rather in a pit in the upper part of the city, which was dug out for the reception of cholera patients. The bodies were placed in separate coffins, but not in separate graves. The coffin containing this body was found about twenty feet beneath the surface; underneath it there were three tiers of coffins, and above it nine or ten. The uppermost tier of coffins was covered by three or four feet of solid earth. The soil directly under the coffin in which the body was found, was very watery; above this level there was but little water, although the ground was very moist. The bones of the bodies contained in this pit, and in some cases the tendons, were melted together in a semi-fluid mass, the usual result of decomposition under ordinary circumstances.

At the water mark there were several bodies converted into this adipocere. The specimen presented, however, was the most perfect. The hands and feet have been rattled off during transportation. When the body was first taken out, its color was almost precisely the same as now—(a dullish-white); if anything,

it has become a little more brownish. It has now been exposed to the air for three months. Its consistency was decidedly less, when first removed; it was then like cheese of medium consistency, a mixture of the ductile and the brittle. In handling it, great care had to be used. At that time it exhaled a tolerably strong odor, partly cheesy, ammoniacal and earthy. Since that time, the cheesy and the earthy odors have disappeared; the ammoniacal smell, however, is still perceptible. In other respects it appears not to be altered in the least, and Dr. Dalton presumes it will remain in the same condition for years, for centuries, if properly taken care of.

The body is that of a large fat woman, between 45 and 50 years of age, evidently a woman past the prime of life. The anterior parietes have sunk very much, particularly those of the abdomen, which appear to be in contact with the spinal column. The anterior portion of the chest is also collapsed. The change of animal tissue to the adipocere is absolutely complete in all the tissues, except the hair, nails and bones. The papillæ of the skin can be distinguished, but the other tissues cannot be made out.

The substance of which this mass is composed is known by the name of adipocere, or, as the French call it, "*graisse de cadavre*," (fat of dead bodies.) It is exceedingly light, so that one can easily raise the whole subject.

It is somewhat curious that all the bodies, which are reported as having undergone this degeneration, have been interred under precisely the same circumstances. The first case was observed in a similar pit at a cemetery in Paris.

The chemical composition of the substance is such, that it is regarded as an ammoniacal soap, sometimes soap composed of ammonia and lime, in other instances almost exclusively a lime-soap. Orfila and Fourcroy, who had paid particular attention to this subject, assert that at first it is almost exclusively ammoniacal, the ammonia being supplied by the decomposition of the nitrogenized muscular tissue. This unites with the fat coming from the adipose tissue, which has become rancid, and produces an ammoniacal soap. Some French chemists regard it as a transformation of the muscles into oleic acid, so that adipocere may be produced by simple decomposition of the muscular tissue. The more generally received opinion is that it is simple decomposition of the muscular tissue into ammonia, which unites with the fat of the adipose tissue. This opinion is favored by the fact, that in almost every instance of this kind the bodies are those of extremely fat persons. Such was the fact in a case, the only case of the kind which Dr. Dalton has previously seen, where the body was that of an enormously fat man. Another reason which makes it probable that the fat must come from the adipose tissue is that, as Orfila ascertained, adipocere does not take place when the animal matter consists of muscular tissue only.

A body buried by *itself* will rarely be converted into adipocere, because the ammonia-compounds produced by the decomposition of the muscular substance are dissolved in the fluids of the body, and these fluids absorbed by the soil, and do not unite with the fats so as to form adipocere. But if a body is surrounded by other bodies, the bodies above, decomposing, produce ammoniacal fluids. These being washed down by the rain, filter through to the ninth or tenth coffin, the water of course in its descent becoming more and more loaded with ammonia, and this uniting with the fat of the lowermost bodies, produces adipocere. The bodies under the surface of the water do not undergo the transformation, probably because the substance is soluble in water.

This material, of which the body is composed, is very inflammable. A piece put on charcoal, placed before the flame of the blowpipe, takes fire, and is consumed readily, leaving scarcely any appreciable residue.—*Philad. Med. and Surg. Reporter.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 6, 1859.

MEDICAL INSTRUCTION IN BOSTON.—As the winter season approaches, we are naturally led to the consideration of the prospects of medical education, for the ensuing season. Judging from the number of advertisements with which the medical press teems, there is enough to suit every taste, in the opportunities and advantages offered to the student. The regular profession, the eclectic, botanic and many other schools, are out with their prospectuses, each vying with the other in its efforts to attract medical students. Our school is among the number, and without claiming for it all the advantages possessed by institutions in other places, we confidently maintain that as a means of attaining a sound medical education, it is in all respects equal to most others, and in some particulars superior to any.

One of the features by which the Massachusetts Medical College differs from other metropolitan schools, is the freedom of intercourse between the pupils and teachers. The number of the former being comparatively limited, they are more frequently brought into contact with the professors, and are thus enabled to avail themselves of the privilege of questioning upon any subject which occupies them at the time. That the students may derive as much advantage as possible from this association with their teachers, there are exercises, which all may attend who choose, conducted by most of the professors, and partaking of the character of conversations, rather than lectures or recitations, the pupils themselves being encouraged to offer any observations or opinions concerning the matter under discussion which may occur to them. These conferences are adjunct to the regular lectures (although taking place during the same season), and usually consist of explanations, or familiar demonstrations of them. Although it is not expected that a large proportion of the students would attend

them, it is found that the number is very considerable—amply sufficient to give a lively interest to the exercises.

Of all the departments of medical instruction, clinical teaching must be acknowledged to be the most important. By clinical teaching, we do not mean a mere clinical lecture, but we include the remarks made at the bedside, and the opportunity of seeing and personally examining the patients. Lectures on the theory and practice of medicine and surgery are unquestionably of the highest importance. The personal experience of the teacher can never be learned from books, nor does the student know where to seek, or how to combine the information which is condensed into a lecture. But lectures alone will never make him familiar with the aspect of disease, nor with the practical art of treating it. Lectures on mechanics are excellent things, but to learn a trade one must go into the workshop, and handle the tools for himself. It is in regard to this department that we think the Boston school stands on the highest level. Students go into the wards and see, hear, and study the actual cases. In some of the crowded schools in other cities, the throng is so great as to render it impossible to do this. The bed is brought into the lecture room, and the patient viewed by the students as they sit on the benches of the amphitheatre. How much can be seen under these circumstances may be easily guessed. The general appearance of the patient may be seen by those who are near; but of course, the opportunities of minute examination, and especially of auscultation, must be excessively limited; moreover, the inconvenience of thus transporting patients is so great that only a few can be seen at all, even in this imperfect manner. We forbear to speak of the unfavorable effect which this procedure must have on the patients. We believe there is no city in this country where the opportunities for practically examining patients are as great as they are in Boston, and we believe that from no school has there graduated a larger number of well-educated, practical students, than from the Massachusetts Medical College.

It is unnecessary for us to enter on any encomium of the professors in our school. They are widely known for their high professional standard, both as practitioners and as teachers of medicine.

PREPARATIONS OF IRON IN MEDICINE.—There is no article of the *Materia Medica* which is of more unquestionable efficacy, in certain diseases, than iron, and there is none that is offered to the practitioner under so great a variety of forms. We are inclined to think that the particular preparation employed is of less importance than is sometimes imagined, certainly less than some manufacturers would have us believe. Of late, quite a controversy has existed on the subject of the soluble protoxide of iron, and one would suppose that this preparation was far better than any other. We believe the object in presenting this salt to the notice of the profession originated in the commercial success of a certain empirical medicine, which pretends to consist mainly of a solution of it. By means of incessant advertising and puffing, the attention of the community has been attracted toward this nostrum, and we believe there are even some physicians who have been induced to try it. We are not aware that any careful experiments have been made to test its powers, probably because we have already so many excellent preparations of iron that no more seem necessary, and also because the reserve which its proprietors

maintain on the subject of its mode of manufacture, and the number of distinct diseases which it professes to cure, throw great suspicion on its virtue. In the few instances in which we have been able to watch its effects, it has failed to answer any useful purpose.

The chief requirements that are demanded of a preparation of iron, are that it should agree well with the stomach, and that it should be so far soluble as to be readily absorbed; but neither of these properties are essential to its efficacy, since iron filings make an excellent chalybeate when no more convenient and agreeable one can be obtained. One of the most agreeable, most soluble, and most effective salts of iron is the potassio-tartrate, and hence it has always been a great favorite. We have found great benefit from the administration of Vallet's pill (the proto-carbonate), which has the advantage of cheapness, a matter of no inconsiderable importance among a certain class of patients. In cases of chlorosis we have often prescribed this pill, with excellent effect; it may be combined with some laxative, such as the extract of colocynth, or the compound rhubarb pill, when constipation exists, as is usually the case. The ammonio-citrate, the lactate, the citrate of iron and quinine, the iron by hydrogen, are all elegant and powerful preparations, but in our opinion are not really more efficacious than the cheaper forms. In some cases, the old-fashioned myrrh mixture (the compound mixture of iron) answers admirably. In short, so numerous and so excellent are our preparations of iron, that to add a new one to the list would only place us in an *embarras de richesse*.

NEW WORK ON LEGAL MEDICINE.—A work on "Mal-practice and Medical Evidence," by Prof. J. J. ELWELL, of Cleveland, Ohio, is now in the press. From the preface and an extract from the chapter on "Malpractice in Fractures and Dislocations," printed in a late number of the *Cleveland Medical Journal*, we infer that the volumes will be a valuable addition to the literature of legal medicine, and, indeed, supply some deficiencies which have always existed in that branch of science. The subject of malpractice is rarely mentioned in works on medical jurisprudence, and much ignorance exists in regard to it, not only in the legal profession, but in our own, especially in relation to fractures. We hardly know where to turn for information as to the amount of shortening in cases of simple fracture of the thigh. Every surgeon knows that *some* shortening always remains after the bones are united, even though there be no evidence of it in the gait of the patient, yet we believe this fact is not stated in the books. Again, it is known that such a thing as a transverse fracture of the shaft of the femur never occurs, but no one would imagine it, from reading the various treatises on surgery. To Prof. HAMILTON, of Buffalo, we are indebted for the first distinct demonstration of these facts, and of many others which have an important bearing on the subject of malpractice. We doubt not, these points will be set in a clear light by Professor ELWELL, in his forthcoming work. Should he succeed in clearing up the difficulties of the legal bearings of malpractice and medical evidence, he will incur the lasting obligation of the professions of medicine and law.

QUININE IN TYPHOID FEVER. *Messrs. Editors*,—In the JOURNAL of September 1st, "Oliver" assumes that I have done injustice to West-

ern physicians in my remarks upon tonics, and their use in typhoid fever. And yet he admits that he does give quinine, in the manner represented by me. Now I suppose he has a right to his *opinion*, and I to mine, without injuring any one, and I would not notice his "challenge," were it not that some might be misled, and an unfair imputation left to rest upon me. The only thing I have stated as *fact*, that he has not *admitted*, is, that "there are many 'Olivers' in the West." It is possible I did do injustice to Western physicians, in stating this to be so, and *I take it back!*

The question touching the use of quinine in typhoid fever is an important one, especially to "this section of the country," where it is in such general use. A remedy of limited range of use, and of but little merit, is not very liable to be abused; but this cannot be said of quinine, and hence the question in the present instance. Any one who has read what has been said by "Oliver" and myself, will see that *he*, and not *I*, has instituted comparisons between Eastern and Western practitioners. All I ask is not to be misrepresented, and I will not quarrel with Oliver because he differs from me in *opinion*.

Plainfield, Ill., Sept. 25, 1859.

P. K. G.

NEW SYDENHAM SOCIETY.—We are glad to learn from Dr. SALTER, the honorary local secretary of the Sydenham Society, that there is a strong probability that the first four volumes of the last year's issue of this Society, will be reprinted, there having been a large accession to the subscribers, since the issue of the first edition of 2000 copies. Of course, should these copies *not* be reprinted, the last year's subscription is good for the current year.

Dr. Salter requests us to state, that the annual subscription of *one guinea* is equivalent to \$5.25 U. S. currency. Those who are desirous of obtaining the publications of the Society will understand that the subscriptions are due on the first of January of each year, and in order to ensure the receipt of the books it is absolutely necessary that the money should be forwarded to Dr. Salter in time for him to remit to the Society by the first packet leaving Boston in that month. The Secretary cannot pledge himself to send special notices to each subscriber.

RECTO-VESICAL LITHOTOMY.—This operation was recently performed by Dr. BAUR, of Brooklyn, with the most marked success. The patient was a man aged 26. The operation was performed on the 18th of July, as follows:—The patient, not using an anæsthetic, was placed upon his left side, with his legs crossed and drawn up; the bladder being injected, Sims's speculum was introduced into the rectum, and held firmly backward and upward, freely exposing the region of the base of the bladder; the left fore-finger being placed upon the posterior margin of the middle of the prostate gland, a small two-edged scalpel was introduced on its median line through the rectum into the bladder; the wound was sufficient to admit the left fore-finger; hæmorrhage slight; the stone not appearing in the escaping fluid, a pair of straight forceps was introduced, the stone seized and removed without difficulty. Its diameters, in inches, were $2\frac{1}{2}$, $1\frac{1}{2}$, and 1; weight $1\frac{1}{2}$ ounce. The wound was closed by Dr. Sims with the silver suture, the catheter being retained. Convalescence proceeded without an unfavorable symptom, and on the seventh day after the operation the

sutures were removed, and the wound found to be perfectly united. A new era dawns upon the operation of lithotomy!—*N. Y. Journal of Medicine.*

THE new Medical Board of the Philadelphia Hospital has assumed the control of the institution. Rules for its government in accordance with the present arrangement have been adopted, which will enable its affairs to be conducted in the orderly and systematic manner, so essential to the harmony and efficiency of a large hospital. The general organization is similar to that of the Pennsylvania Hospital, and most of the other prominent institutions of the kind in this country. Dr. S. D. Gross has been elected President of the Medical Board. The Philadelphia Hospital is the largest hospital on this continent, presenting an unequalled variety of disease, and has no superior in its opportunities for clinical study.—*Medical & Surgical Reporter.*

DR. HENRY H. SMITH has sent in his resignation as one of the surgeons of St. Joseph's Hospital in this city.—Dr. S. W. BUTLER has been appointed Chief Resident Physician to the Philadelphia Lunatic Asylum.—Dr. William Hauser, formerly of Spier's Turnout, Georgia, has been appointed Professor of Physiology and Pathology in the Oglethorpe Medical College, at Savannah, in that State.—*Ibid.*

NEW MEDICAL WORKS.—Messrs. Blanchard & Lea have in the press, and will issue early in the autumn, Professor Austin Flint's treatise on Diseases of the Heart; Professor Hamilton's work on Fractures; and Professor Stillé's work on Materia Medica and Therapeutics—the latter in two large octavo volumes. Dr. Da Costa's work on Diagnosis is in the press of Messrs. J. B. Lippincott & Co., and will appear in the course of the winter.—*N. A. Med.-Chir. Review.*

HEALTH OF THE CITY.—The proportion of females, in the deaths of last week, was 6 in excess of males; and of the whole number, 32 were of children under the age of 5 years, 25 of whom were under 1 year. The largest number of deaths from any one disease except consumption, was 6 from smallpox, 3 of the patients having been adults, and 3 children. There were 4 deaths from pneumonia, 3 from scarlatina, 2 from dysentery and 2 from cholera infantum; the last disease presenting a striking difference in its mortality from that of last year at this time. The number of deaths for the corresponding week of 1858 was 81, of which 19 were from consumption, 14 from cholera infantum, 6 from dysentery, 2 from pneumonia, none from smallpox, and none from scarlatina.

Books and Pamphlets Received.—On the Organs of Vision, their Anatomy and Physiology. By Thomas Nunneley, F.R.C.S.E., &c. (From the Author.)—Pathological and Practical Observations on Diseases of the Alimentary Canal. By S. O. Haversham, M.D., &c. (From the publishers.)—Anweisung zur Einreibungs- und Syphilis-formen. Von Dr. Carl Ludwig Sigmund. (From the Author.)—Introductory Address, by I. Rowell, M.D., Professor of Chemistry in the University of the Pacific.

MARRIED.—In this city, 27th ult., Leonard Block, M.D., to Miss Barbara Rosa Stuart, from Bavaria on the Rhine.—At East Concord, N. H., 22d ult., W. A. Koger, M.D., of Shreveport, La., to Miss Mary E. L. Potter.—In Goffstown, N. H., Sept. 27th, Alonzo F. Carr, M.D., to Miss S. Frances Parker, of the same town.—At Brooklyn, N. Y., 28th ult., Dr. M. Clarke, of Cambridge, Mass., to Fanny L. E. Hastings.

DIED.—In West Boylston, 28th ult., Dr. John Smith, the oldest person in the town.—At Mt. Holly, N. J., Sept. 23d, of gout of the heart, Dr. George F. Lehman, in the 64th year of his age.—In Columbia, S. C., Sept. 20th, of disease of the heart, Dr. E. H. Burton. Dr. B. was for many years a leading practitioner in New Orleans, was a professor in one of the Medical Colleges there, and President of the Louisiana State Medical Society. He was a Surgeon in the U. S. Army during the war with Mexico, and has of late years been well known to the profession as the author of the valuable Report on Yellow Fever, made by him as Chairman of the Sanitary Commission of New Orleans.

Deaths in Boston for the week ending Saturday noon, October 1st, 74. Males, 34—Females, 40.—Accident, 3—apoplexy, 2—disease of the brain, 1—consumption, 16—convulsions, 1—cholera infantum, 2—croup, 1—dysentery, 2—diarrhoea, 4—dropsy, 3—dropsy in the head, 2—infantile diseases, 2—epilepsy, 1—erysipelas, 1—scarlet fever, 3—typhoid fever, 2—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 4—congestion of the lungs, 1—marasmus, 1—old age, 3—premature birth, 2—purpura, 1—scarlatina, 1—smallpox, 6—teething, 1—unknown, 4—whooping cough, 2.

Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 11—above 60 years, 9. Born in the United States, 51—Ireland, 10—other places, 4.